

108TH CONGRESS
2D SESSION

S. 2657

AN ACT

To amend part III of title 5, United States Code, to provide for the establishment of programs under which supplemental dental and vision benefits are made available to Federal employees, retirees, and their dependents, to expand the contracting authority of the Office of Personnel Management, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Federal Employee
5 Dental and Vision Benefits Enhancement Act of 2004”.

1 **SEC. 2. ENHANCED DENTAL BENEFITS FOR FEDERAL EM-**
 2 **PLOYEES.**

3 (a) IN GENERAL.—Subpart G of part III of title 5,
 4 United States Code, is amended by inserting after chapter
 5 89 the following:

6 **“CHAPTER 89A—ENHANCED DENTAL**
 7 **BENEFITS**

“Sec.

“8951. Definitions.

“8952. Availability of dental benefits.

“8953. Contracting authority.

“8954. Benefits.

“8955. Information to individuals eligible to enroll.

“8956. Election of coverage.

“8957. Coverage of restored survivor or disability annuitants.

“8958. Premiums.

“8959. Preemption.

“8960. Studies, reports, and audits.

“8961. Jurisdiction of courts.

“8962. Administrative functions.

8 **“§ 8951. Definitions**

9 “In this chapter:

10 “(1) The term ‘employee’ means an employee
 11 defined under section 8901(1).

12 “(2) The terms ‘annuitant’, ‘member of family’,
 13 and ‘dependent’ have the meanings as such terms
 14 are defined under paragraphs (3), (5), and (9), re-
 15 spectively, of section 8901.

16 “(3) The term ‘eligible individual’ refers to an
 17 individual described in paragraph (1) or (2), without
 18 regard to whether the individual is enrolled in a
 19 health benefits plan under chapter 89.

1 “(4) The term ‘Office’ means the Office of Per-
2 sonnel Management.

3 “(5) The term ‘qualified company’ means a
4 company (or consortium of companies or an em-
5 ployee organization defined under section 8901(8))
6 that offers indemnity, preferred provider organiza-
7 tion, health maintenance organization, or discount
8 dental programs and if required is licensed to issue
9 applicable coverage in any number of States, taking
10 any subsidiaries of such a company into account
11 (and, in the case of a consortium, considering the
12 member companies and any subsidiaries thereof, col-
13 lectively).

14 “(6) The term ‘employee organization’ means
15 an association or other organization of employees
16 which is national in scope, or in which membership
17 is open to all employees of a Government agency
18 who are eligible to enroll in a health benefits plan
19 under chapter 89.

20 “(7) The term ‘State’ includes the District of
21 Columbia.

22 **“§ 8952. Availability of dental benefits**

23 “(a) The Office shall establish and administer a pro-
24 gram through which an eligible individual may obtain den-

1 tal coverage to supplement coverage available through
2 chapter 89.

3 “(b) The Office shall determine, in the exercise of its
4 reasonable discretion, the financial requirements for quali-
5 fied companies to participate in the program.

6 “(c) Nothing in this chapter shall be construed to
7 prohibit the availability of dental benefits provided by
8 health benefits plans under chapter 89.

9 **“§ 8953. Contracting authority**

10 “(a)(1) The Office shall contract with a reasonable
11 number of qualified companies for a policy or policies of
12 benefits described under section 8954 without regard to
13 section 5 of title 41 or any other statute requiring com-
14 petitive bidding. An employee organization may contract
15 with a qualified company for the purpose of participating
16 with that qualified company in any contract between the
17 Office and that qualified company.

18 “(2) The Office shall ensure that each resulting con-
19 tract is awarded on the basis of contractor qualifications,
20 price, and reasonable competition.

21 “(b) Each contract under this section shall contain—

22 “(1) the requirements under section 8902(d),
23 (f), and (i) made applicable to contracts under this
24 section by regulations prescribed by the Office;

25 “(2) the terms of the enrollment period; and

1 “(3) such other terms and conditions as may be
 2 mutually agreed to by the Office and the qualified
 3 company involved, consistent with the requirements
 4 of this chapter and regulations prescribed by the Of-
 5 fice.

6 “(c) Nothing in this chapter shall, in the case of an
 7 individual electing dental supplemental benefit coverage
 8 under this chapter after the expiration of such individual’s
 9 first opportunity to enroll, preclude the application of
 10 waiting periods more stringent than those that would have
 11 applied if that opportunity had not yet expired.

12 “(d)(1) Each contract under this chapter shall re-
 13 quire the qualified company to agree—

14 “(A) to provide payments or benefits to an eli-
 15 gible individual if such individual is entitled thereto
 16 under the terms of the contract; and

17 “(B) with respect to disputes regarding claims
 18 for payments or benefits under the terms of the
 19 contract—

20 “(i) to establish internal procedures de-
 21 signed to expeditiously resolve such disputes;
 22 and

23 “(ii) to establish, for disputes not resolved
 24 through procedures under clause (i), procedures
 25 for 1 or more alternative means of dispute reso-

1 lution involving independent third-party review
 2 under appropriate circumstances by entities
 3 mutually acceptable to the Office and the quali-
 4 fied company.

5 “(2) A determination by a qualified company as to
 6 whether or not a particular individual is eligible to obtain
 7 coverage under this chapter shall be subject to review only
 8 to the extent and in the manner provided in the applicable
 9 contract.

10 “(3) For purposes of applying the Contract Disputes
 11 Act of 1978 to disputes arising under this chapter between
 12 a qualified company and the Office—

13 “(A) the agency board having jurisdiction to de-
 14 cide an appeal relative to such a dispute shall be
 15 such board of contract appeals as the Director of the
 16 Office of Personnel Management shall specify in
 17 writing (after appropriate arrangements, as de-
 18 scribed in section 8(c) of such Act); and

19 “(B) the district courts of the United States
 20 shall have original jurisdiction, concurrent with the
 21 United States Court of Federal Claims, of any ac-
 22 tion described in section 10(a)(1) of such Act rel-
 23 ative to such a dispute.

1 “(e) Nothing in this section shall be considered to
 2 grant authority for the Office or third-party reviewer to
 3 change the terms of any contract under this chapter.

4 “(f) Contracts under this chapter shall be for a uni-
 5 form term of 7 years and may not be renewed automati-
 6 cally.

7 **“§ 8954. Benefits**

8 “(a) The Office may prescribe reasonable minimum
 9 standards for enhanced dental benefits plans offered
 10 under this chapter and for qualified companies offering
 11 the plans.

12 “(b) Each contract may include more than 1 level of
 13 benefits that shall be made available to all eligible individ-
 14 uals.

15 “(c) The benefits to be provided under enhanced den-
 16 tal benefits plans under this chapter may be of the fol-
 17 lowing types:

18 “(1) Diagnostic.

19 “(2) Preventive.

20 “(3) Emergency care.

21 “(4) Restorative.

22 “(5) Oral and maxillofacial surgery.

23 “(6) Endodontics.

24 “(7) Periodontics.

25 “(8) Prosthodontics.

1 “(9) Orthodontics.

2 “(d) A contract approved under this chapter shall re-
 3 quire the qualified company to cover the geographic serv-
 4 ice delivery area specified by the Office. The Office shall
 5 require qualified companies to include dentally under-
 6 served areas in their service delivery areas.

7 “(e) If an individual has dental coverage under a
 8 health benefits plan under chapter 89 and also has cov-
 9 erage under a plan under this chapter, the health benefits
 10 plan under chapter 89 shall be the first payor of any ben-
 11 efit payments.

12 **“§ 8955. Information to individuals eligible to enroll**

13 “(a) The qualified companies at the direction and
 14 with the approval of the Office, shall make available to
 15 each individual eligible to enroll in a dental benefits plan
 16 information on services and benefits (including maxi-
 17 mums, limitations, and exclusions), that the Office con-
 18 siders necessary to enable the individual to make an in-
 19 formed decision about electing coverage.

20 “(b) The Office shall make available to each indi-
 21 vidual eligible to enroll in a dental benefits plan, informa-
 22 tion on services and benefits provided by qualified compa-
 23 nies participating under chapter 89.

1 **“§ 8956. Election of coverage**

2 “(a) An eligible individual may enroll in a dental ben-
 3 efits plan for self-only, self plus one, or for self and family.
 4 If an eligible individual has a spouse who is also eligible
 5 to enroll, either spouse, but not both, may enroll for self
 6 plus one or self and family. An individual may not be en-
 7 rolled both as an employee, annuitant, or other individual
 8 eligible to enroll and as a member of the family.

9 “(b) The Office shall prescribe regulations under
 10 which—

11 “(1) an eligible individual may enroll in a den-
 12 tal benefits plan; and

13 “(2) an enrolled individual may change the self-
 14 only, self plus one, or self and family coverage of
 15 that individual.

16 “(c)(1) Regulations under subsection (b) shall permit
 17 an eligible individual to cancel or transfer the enrollment
 18 of that individual to another dental benefits plan—

19 “(A) before the start of any contract term in
 20 which there is a change in rates charged or benefits
 21 provided, in which a new plan is offered, or in which
 22 an existing plan is terminated; or

23 “(B) during other times and under other cir-
 24 cumstances specified by the Office.

25 “(2) A transfer under paragraph (1) shall be subject
 26 to waiting periods provided under a new plan.

1 **“§ 8957. Coverage of restored survivor or disability**
 2 **annuitants**

3 “A surviving spouse, disability annuitant, or sur-
 4 viving child whose annuity is terminated and is later re-
 5 stored, may continue enrollment in a dental benefits plan
 6 subject to the terms and conditions prescribed in regula-
 7 tions issued by the Office.

8 **“§ 8958. Premiums**

9 “(a) Each eligible individual obtaining supplemental
 10 dental coverage under this chapter shall be responsible for
 11 100 percent of the premiums for such coverage.

12 “(b) The Office shall prescribe regulations specifying
 13 the terms and conditions under which individuals are re-
 14 quired to pay the premiums for enrollment.

15 “(c) The amount necessary to pay the premiums for
 16 enrollment may—

17 “(1) in the case of an employee, be withheld
 18 from the pay of such an employee; or

19 “(2) in the case of an annuitant, be withheld
 20 from the annuity of such an annuitant.

21 “(d) All amounts withheld under this section shall be
 22 paid directly to the qualified company.

23 “(e) Each participating qualified company shall
 24 maintain accounting records that contain such informa-
 25 tion and reports as the Office may require.

1 “(f)(1) The Employee Health Benefits Fund is avail-
 2 able, without fiscal year limitation, for reasonable ex-
 3 penses incurred by the Office in administering this chapter
 4 before the first day of the first contract period, including
 5 reasonable implementation costs.

6 “(2)(A) There is established in the Employees Health
 7 Benefits Fund a Dental Benefits Administrative Account,
 8 which shall be available to the Office, without fiscal year
 9 limitation, to defray reasonable expenses incurred by the
 10 Office in administering this chapter after the start of the
 11 first contract year.

12 “(B) A contract under this chapter shall include ap-
 13 propriate provisions under which the qualified company in-
 14 volved shall, during each year, make such periodic con-
 15 tributions to the Dental Benefits Administrative Account
 16 as necessary to ensure that the reasonable anticipated ex-
 17 penses of the Office in administering this chapter during
 18 such year are defrayed.

19 **“§ 8959. Preemption**

20 “‘The terms of any contract that relate to the nature,
 21 provision, or extent of coverage or benefits (including pay-
 22 ments with respect to benefits) shall supersede and pre-
 23 empt any State or local law, or any regulation issued
 24 thereunder, which relates to dental benefits, insurance,
 25 plans, or contracts.

1 **“§ 8960. Studies, reports, and audits**

2 “(a) Each contract shall contain provisions requiring
3 the qualified company to—

4 “(1) furnish such reasonable reports as the Of-
5 fice determines to be necessary to enable it to carry
6 out its functions under this chapter; and

7 “(2) permit the Office and representatives of
8 the Government Accountability Office to examine
9 such records of the qualified company as may be
10 necessary to carry out the purposes of this chapter.

11 “(b) Each Federal agency shall keep such records,
12 make such certifications, and furnish the Office, the quali-
13 fied company, or both, with such information and reports
14 as the Office may require.

15 “(c) The Office shall conduct periodic reviews of
16 plans under this chapter, including a comparison of the
17 dental benefits available under chapter 89, to ensure the
18 competitiveness of plans under this chapter. The Office
19 shall cooperate with the Government Accountability Office
20 to provide periodic evaluations of the program.

21 **“§ 8961. Jurisdiction of courts**

22 “The district courts of the United States have origi-
23 nal jurisdiction, concurrent with the United States Court
24 of Federal Claims, of a civil action or claim against the
25 United States under this chapter after such administrative
26 remedies as required under section 8953(d) have been ex-

1 hausted, but only to the extent judicial review is not pre-
 2 cluded by any dispute resolution or other remedy under
 3 this chapter.

4 **“§ 8962. Administrative functions**

5 “(a) The Office shall prescribe regulations to carry
 6 out this chapter. The regulations may exclude an employee
 7 on the basis of the nature and type of employment or con-
 8 ditions pertaining to it.

9 “(b) The Office shall, as appropriate, provide for co-
 10 ordinated enrollment, promotion, and education efforts as
 11 appropriate in consultation with each qualified company.
 12 The information under this subsection shall include infor-
 13 mation relating to the dental benefits available under
 14 chapter 89, including the advantages and disadvantages
 15 of obtaining additional coverage under this chapter.”.

16 **SEC. 3. ENHANCED VISION BENEFITS FOR FEDERAL EM-**
 17 **PLOYEES.**

18 Subpart G of part III of title 5, United States Code,
 19 is amended by inserting after chapter 89A (as added by
 20 section 2 of this Act) the following:

21 **“CHAPTER 89B—ENHANCED VISION**
 22 **BENEFITS**

“Sec.

“8981. Definitions.

“8982. Availability of vision benefits.

“8983. Contracting authority.

“8984. Benefits.

“8985. Information to individuals eligible to enroll.

“8986. Election of coverage.

“8987. Coverage of restored survivor or disability annuitants.

“8988. Premiums.

“8989. Preemption.

“8990. Studies, reports, and audits.

“8991. Jurisdiction of courts.

“8992. Administrative functions.

1 **“§ 8981. Definitions**

2 “In this chapter:

3 “(1) The term ‘employee’ means an employee
4 defined under section 8901(1).

5 “(2) The terms ‘annuitant’, ‘member of family’,
6 and ‘dependent’ have the meanings as such terms
7 are defined under paragraphs (3), (5), and (9), re-
8 spectively, of section 8901.

9 “(3) The term ‘eligible individual’ refers to an
10 individual described in paragraph (1) or (2), without
11 regard to whether the individual is enrolled in a
12 health benefits plan under chapter 89.

13 “(4) The term ‘Office’ means the Office of Per-
14 sonnel Management.

15 “(5) The term ‘qualified company’ means a
16 company (or consortium of companies or an em-
17 ployee organization defined under section 8901(8))
18 that offers indemnity, preferred provider organiza-
19 tion, health maintenance organization, or discount
20 vision programs and if required is licensed to issue
21 applicable coverage in any number of States, taking
22 any subsidiaries of such a company into account

1 (and, in the case of a consortium, considering the
2 member companies and any subsidiaries thereof, col-
3 lectively).

4 “(6) The term ‘employee organization’ means
5 an association or other organization of employees
6 which is national in scope, or in which membership
7 is open to all employees of a Government agency
8 who are eligible to enroll in a health benefits plan
9 under chapter 89.

10 “(7) The term ‘State’ includes the District of
11 Columbia.

12 **“§ 8982. Availability of vision benefits**

13 “(a) The Office shall establish and administer a pro-
14 gram through which an eligible individual may obtain vi-
15 sion coverage to supplement coverage available through
16 chapter 89.

17 “(b) The Office shall determine, in the exercise of its
18 reasonable discretion, the financial requirements for quali-
19 fied companies to participate in the program.

20 “(c) Nothing in this chapter shall be construed to
21 prohibit the availability of vision benefits provided by
22 health benefits plans under chapter 89.

23 **“§ 8983. Contracting authority**

24 “(a)(1) The Office shall contract with a reasonable
25 number of qualified companies for a policy or policies of

1 benefits described under section 8984 without regard to
 2 section 5 of title 41 or any other statute requiring com-
 3 petitive bidding. An employee organization may contract
 4 with a qualified company for the purpose of participating
 5 with that qualified company in any contract between the
 6 Office and that qualified company.

7 “(2) The Office shall ensure that each resulting con-
 8 tract is awarded on the basis of contractor qualifications,
 9 price, and reasonable competition.

10 “(b) Each contract under this section shall contain—

11 “(1) the requirements under section 8902 (d),
 12 (f), and (i) made applicable to contracts under this
 13 section by regulations prescribed by the Office;

14 “(2) the terms of the enrollment period; and

15 “(3) such other terms and conditions as may be
 16 mutually agreed to by the Office and the qualified
 17 company involved, consistent with the requirements
 18 of this chapter and regulations prescribed by the Of-
 19 fice.

20 “(c) Nothing in this chapter shall, in the case of an
 21 individual electing vision supplemental benefit coverage
 22 under this chapter after the expiration of such individual’s
 23 first opportunity to enroll, preclude the application of
 24 waiting periods more stringent than those that would have
 25 applied if that opportunity had not yet expired.

1 “(d)(1) Each contract under this chapter shall re-
2 quire the qualified company to agree—

3 “(A) to provide payments or benefits to an eli-
4 gible individual if such individual is entitled thereto
5 under the terms of the contract; and

6 “(B) with respect to disputes regarding claims
7 for payments or benefits under the terms of the
8 contract—

9 “(i) to establish internal procedures de-
10 signed to expeditiously resolve such disputes;
11 and

12 “(ii) to establish, for disputes not resolved
13 through procedures under clause (i), procedures
14 for 1 or more alternative means of dispute reso-
15 lution involving independent third-party review
16 under appropriate circumstances by entities
17 mutually acceptable to the Office and the quali-
18 fied company.

19 “(2) A determination by a qualified company as to
20 whether or not a particular individual is eligible to obtain
21 coverage under this chapter shall be subject to review only
22 to the extent and in the manner provided in the applicable
23 contract.

1 “(3) For purposes of applying the Contract Disputes
 2 Act of 1978 to disputes arising under this chapter between
 3 a qualified company and the Office—

4 “(A) the agency board having jurisdiction to de-
 5 cide an appeal relative to such a dispute shall be
 6 such board of contract appeals as the Director of the
 7 Office of Personnel Management shall specify in
 8 writing (after appropriate arrangements, as de-
 9 scribed in section 8(c) of such Act); and

10 “(B) the district courts of the United States
 11 shall have original jurisdiction, concurrent with the
 12 United States Court of Federal Claims, of any ac-
 13 tion described in section 10(a)(1) of such Act rel-
 14 ative to such a dispute.

15 “(e) Nothing in this section shall be considered to
 16 grant authority for the Office or third-party reviewer to
 17 change the terms of any contract under this chapter.

18 “(f) Contracts under this chapter shall be for a uni-
 19 form term of 7 years and may not be renewed automati-
 20 cally.

21 **“§ 8984. Benefits**

22 “(a) The Office may prescribe reasonable minimum
 23 standards for enhanced vision benefits plans offered under
 24 this chapter and for qualified companies offering the
 25 plans.

1 “(b) Each contract may include more than 1 level of
 2 benefits that shall be made available to all eligible individ-
 3 uals.

4 “(c) The benefits to be provided under enhanced vi-
 5 sion benefits plans under this chapter may be of the fol-
 6 lowing types:

7 “(1) Diagnostic (to include refractive services).

8 “(2) Preventive.

9 “(3) Eyewear.

10 “(d) A contract approved under this chapter shall re-
 11 quire the qualified company to cover the geographic serv-
 12 ice delivery area specified by the Office. The Office shall
 13 require qualified companies to include visually underserved
 14 areas in their service delivery areas.

15 “(e) If an individual has vision coverage under a
 16 health benefits plan under chapter 89 and also has cov-
 17 erage under a plan under this chapter, the health benefits
 18 plan under chapter 89 shall be the first payor of any ben-
 19 efit payments.

20 **“§ 8985. Information to individuals eligible to enroll**

21 “(a) The qualified companies at the direction and
 22 with the approval of the Office, shall make available to
 23 each individual eligible to enroll in a vision benefits plan
 24 information on services and benefits (including maxi-
 25 mums, limitations, and exclusions), that the Office con-

1 siders necessary to enable the individual to make an in-
 2 formed decision about electing coverage.

3 “(b) The Office shall make available to each indi-
 4 vidual eligible to enroll in a vision benefits plan, informa-
 5 tion on services and benefits provided by qualified compa-
 6 nies participating under chapter 89.

7 **“§ 8986. Election of coverage**

8 “(a) An eligible individual may enroll in a vision bene-
 9 fits plan for self-only, self plus one, or for self and family.
 10 If an eligible individual has a spouse who is also eligible
 11 to enroll, either spouse, but not both, may enroll for self
 12 plus one or self and family. An individual may not be en-
 13 rolled both as an employee, annuitant, or other individual
 14 eligible to enroll and as a member of the family.

15 “(b) The Office shall prescribe regulations under
 16 which—

17 “(1) an eligible individual may enroll in a vision
 18 benefits plan; and

19 “(2) an enrolled individual may change the self-
 20 only, self plus one, or self and family coverage of
 21 that individual.

22 “(c)(1) Regulations under subsection (b) shall permit
 23 an eligible individual to cancel or transfer the enrollment
 24 of that individual to another vision benefits plan—

1 “(A) before the start of any contract term in
 2 which there is a change in rates charged or benefits
 3 provided, in which a new plan is offered, or in which
 4 an existing plan is terminated; or

5 “(B) during other times and under other cir-
 6 cumstances specified by the Office.

7 “(2) A transfer under paragraph (1) shall be subject
 8 to waiting periods provided under a new plan.

9 **“§ 8987. Coverage of restored survivor or disability**
 10 **annuitants**

11 “A surviving spouse, disability annuitant, or sur-
 12 viving child whose annuity is terminated and is later re-
 13 stored, may continue enrollment in a vision benefits plan
 14 subject to the terms and conditions prescribed in regula-
 15 tions issued by the Office.

16 **“§ 8988. Premiums**

17 “(a) Each eligible individual obtaining supplemental
 18 vision coverage under this chapter shall be responsible for
 19 100 percent of the premiums for such coverage.

20 “(b) The Office shall prescribe regulations specifying
 21 the terms and conditions under which individuals are re-
 22 quired to pay the premiums for enrollment.

23 “(c) The amount necessary to pay the premiums for
 24 enrollment may—

1 “(1) in the case of an employee, be withheld
2 from the pay of such an employee; or

3 “(2) in the case of an annuitant, be withheld
4 from the annuity of such an annuitant.

5 “(d) All amounts withheld under this section shall be
6 paid directly to the qualified company.

7 “(e) Each participating qualified company shall
8 maintain accounting records that contain such informa-
9 tion and reports as the Office may require.

10 “(f)(1) The Employee Health Benefits Fund is avail-
11 able, without fiscal year limitation, for reasonable ex-
12 penses incurred by the Office in administering this chapter
13 before the first day of the first contract period, including
14 reasonable implementation costs.

15 “(2)(A) There is established in the Employees Health
16 Benefits Fund a Vision Benefits Administrative Account,
17 which shall be available to the Office, without fiscal year
18 limitation, to defray reasonable expenses incurred by the
19 Office in administering this chapter after the start of the
20 first contract year.

21 “(B) A contract under this chapter shall include ap-
22 propriate provisions under which the qualified company in-
23 volved shall, during each year, make such periodic con-
24 tributions to the Vision Benefits Administrative Account
25 as necessary to ensure that the reasonable anticipated ex-

1 penses of the Office in administering this chapter during
 2 such year are defrayed.

3 **“§ 8989. Preemption**

4 “The terms of any contract that relate to the nature,
 5 provision, or extent of coverage or benefits (including pay-
 6 ments with respect to benefits) shall supersede and pre-
 7 empt any State or local law, or any regulation issued
 8 thereunder, which relates to vision benefits, insurance,
 9 plans, or contracts.

10 **“§ 8990. Studies, reports, and audits**

11 “(a) Each contract shall contain provisions requiring
 12 the qualified company to—

13 “(1) furnish such reasonable reports as the Of-
 14 fice determines to be necessary to enable it to carry
 15 out its functions under this chapter; and

16 “(2) permit the Office and representatives of
 17 the Government Accountability Office to examine
 18 such records of the qualified company as may be
 19 necessary to carry out the purposes of this chapter.

20 “(b) Each Federal agency shall keep such records,
 21 make such certifications, and furnish the Office, the quali-
 22 fied company, or both, with such information and reports
 23 as the Office may require.

24 “(c) The Office shall conduct periodic reviews of
 25 plans under this chapter, including a comparison of the

1 vision benefits available under chapter 89, to ensure the
 2 competitiveness of plans under this chapter. The Office
 3 shall cooperate with the Government Accountability Office
 4 to provide periodic evaluations of the program.

5 **“§ 8991. Jurisdiction of courts**

6 “The district courts of the United States have origi-
 7 nal jurisdiction, concurrent with the United States Court
 8 of Federal Claims, of a civil action or claim against the
 9 United States under this chapter after such administrative
 10 remedies as required under section 8983(d) have been ex-
 11 hausted, but only to the extent judicial review is not pre-
 12 cluded by any dispute resolution or other remedy under
 13 this chapter.

14 **“§ 8992. Administrative functions**

15 “(a) The Office shall prescribe regulations to carry
 16 out this chapter. The regulations may exclude an employee
 17 on the basis of the nature and type of employment or con-
 18 ditions pertaining to it.

19 “(b) The Office shall, as appropriate, provide for co-
 20 ordinated enrollment, promotion, and education efforts as
 21 appropriate in consultation with each qualified company.
 22 The information under this subsection shall include infor-
 23 mation relating to the vision benefits available under chap-
 24 ter 89, including the advantages and disadvantages of ob-
 25 taining additional coverage under this chapter.”.

1 **SEC. 4. TECHNICAL AND CONFORMING AMENDMENT.**

2 The table of chapters for part III of title 5, United
3 States Code, is amended by inserting after the item relat-
4 ing to chapter 89 the following:

“89A. Enhanced Dental Benefits 8951
“89B. Enhanced Vision Benefits 8981”.

5 **SEC. 5. APPLICATION TO POSTAL SERVICE EMPLOYEES.**

6 Section 1005(f) of title 39, United States Code, is
7 amended in the second sentence by striking “chapters 87
8 and 89” and inserting “chapters 87, 89, 89A, and 89B”.

9 **SEC. 6. REQUIREMENT TO STUDY HEALTH BENEFITS COV-**
10 **ERAGE FOR DEPENDENT CHILDREN WHO**
11 **ARE FULL-TIME STUDENTS.**

12 Not later than 6 months after the date of enactment
13 of this Act, the Office of Personnel Management shall sub-
14 mit to Congress a report describing and evaluating options
15 whereby benefits under chapter 89 of title 5, United
16 States Code, could be made available to an unmarried de-
17 pendent child under 25 years of age who is enrolled as
18 a full-time student at an institution of higher education
19 as defined under section 101 of the Higher Education Act
20 of 1965 (20 U.S.C. 1001).

21 **SEC. 7. EFFECTIVE DATE.**

22 The amendments made by this Act shall take effect
23 on the date of enactment of this Act and shall apply to

- 1 contracts that take effect with respect to the calendar year
- 2 2006.

Passed the Senate November 20, 2004.

Attest:

Secretary.

108TH CONGRESS
2D SESSION

S. 2657

AN ACT

To amend part III of title 5, United States Code, to provide for the establishment of programs under which supplemental dental and vision benefits are made available to Federal employees, retirees, and their dependents, to expand the contracting authority of the Office of Personnel Management, and for other purposes.